

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7		1				
8		2				
9		2				
10	1					
11		1				
12		1				
13	1					
14		1				
15		1				
16		1				
17	1					
18		1				
19		2				
20		2				
21	1					
22		1				
23		1				
24	1					
25		1				
26		1				
27		1				
28		1				
29		1				
30	1					
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49	1					
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53	1					
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
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67		1				
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	14	↓		↓		↓
TOTAL DEP.	62	↓		↓		↓
TOTAL CLAIMS	76					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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